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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)							_			
	Mr. Raymond J Cravaack										
	(b) Address (number and street) PO Box 40040	☐ Check if address changed			Candidate's FEC Identification Number H0MN08115						
	(c) City, State, and ZIP Code						New	Amended			
	St Paul		MN	5510	1	Statement X	(N) OR	(A)			
4.	Party Affiliation	5. Office Sougl	nt			rict of Candidate					
	REPUBLICAN PARTY	House			MN	08					
	DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE										
7.	I hereby designate the following named political committee as my Principal Campaign Committee for the 2012 (year of election)										
	NOTE: This designation should be filed with the appropriate office listed in the instructions.										
	(a) Name of Committee (in full)										
	Cravaack for Congress Campaign Committee										
	(b) Address (number and street) P.O. Box 40040										
	(c) City, State, and ZIP Code										
	St Paul				MN	55104					
	DE				THORIZED g Representative	COMMITTEES es)					
8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.											
	NOTE: This designation should be f	led with the prin	ncipal campa	ign committ	ee.						
_	(a) Name of Committee (in full)										
	Patriot Day IV										
	(b) Address (number and street) 228 S Washington St										
	Suite 115										
	(c) City, State, and ZIP Code										
	Alexandria				VA	22314					
	I certify that I have exa	mined this State	ement and to	the best of	my knowledge a	and belief it is true, corre	ect and complet	e.			
Si	gnature of Candidate					Date					
Mr. Raymond J Cravaack											
				[Elec	tronically Filed]	10/15/2012					
NO	OTE: Submission of false, erroneous,	or incomplete i	nformation m	nay subject	he person signin	ng this Statement to per	nalties of 2 U.S.	C. §437g.			

FEC FORM 2 (REV. 02/2009)

FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

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	OF OTHER AUTHORIZED COMMITTEES cluding Joint Fundraising Representatives)	[ADDITIONAL]
I hereby authorize the following named committee, which is t candidacy.	NOT my principal campaign committee, to receive and expend funds or	n behalf of my
NOTE:This designation should be filed with the pri	incipal campaign committee.	
(a) Name of Committee (in full)		
Freshman Hold'em JFC		
(b) Address (number and street) 209 Pennsylvania Ave SE Suite 2109		
(c) City, State and ZIP Code		
Washington	DC 20003	
	OF OTHER AUTHORIZED COMMITTEES cluding Joint Fundraising Representatives)	[ADDITIONAL]
I hereby authorize the following named committee, which is candidacy.	NOT my principal campaign committee, to receive and expend funds o	n behalf of my
NOTE: This designation should be filed with the pri	incipal campaign committee.	
(a) Name of Committee (in full)		
Republican Metropolitan Victor	ry Committee	
(b) Address (number and street) 5101 Kimberly Road		
(c) City, State and ZIP Code		
Minnetonka	MN 55345	
	OF OTHER AUTHORIZED COMMITTEES cluding Joint Fundraising Representatives)	[ADDITIONAL]
I hereby authorize the following named committee, which is candidacy.	NOT my principal campaign committee, to receive and expend funds o	n behalf of my
NOTE: This designation should be filed with the pri	incipal campaign committee.	
(a) Name of Committee (in full)		
Good to Great Victroy Fund		
(b) Address (number and street) 228 S Washington St Ste 115		
(c) City, State and ZIP Code		
Alexandria	VA 22314	